

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF INDIANA

Case number (if known)

Chapter

11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **KNS Motel, Inc.**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

DBA Fairfield Inn & Suites3. Debtor's federal Employer Identification Number (EIN) **22-3609890**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**619 N. Shore Drive
Jeffersonville, IN 47130**

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Clark

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify:

Debtor **KNS Motel, Inc.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.7211**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

Debtor **KNS Motel, Inc.** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
 District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? *Check all that apply:*
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (*Check all that apply.*)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds. *Check one:*
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|-----------------------------------------|----------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|-----------------------------------------|----------------------------------------------------------------|------------------------------------------------------|

| | | | |
|--------|--------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| Debtor | KNS Motel, Inc. | Case number (if known) | |
| | Name | | |
| | <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| | <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| | <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **KNS Motel, Inc.** Case number (if known) _____
 Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 13, 2023**
 MM / DD / YYYY

X /s/ Indravadan Patel
 Signature of authorized representative of debtor
 Title **President**

Indravadan Patel
 Printed name

18. Signature of attorney

X /s/ Michael W. McClain
 Signature of attorney for debtor

Date **September 13, 2023**
 MM / DD / YYYY

Michael W. McClain
 Printed name

Goldberg Simpson LLC
 Firm name

**9301 Dayflower Street
Prospect, KY 40059**
 Number, Street, City, State & ZIP Code

Contact phone **(502) 589-4440** Email address **mmccclain@goldbergsimpson.com;
sdaniel-harkins@goldbergsimpson.com**

22464-49 IN
 Bar number and State

Fill in this information to identify the case:Debtor name **KNS Motel, Inc.**United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 13, 2023****X /s/ Indravadan Patel**

Signature of individual signing on behalf of debtor

Indravadan Patel

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **KNS Motel, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF INDIANA**

Case number (if known): _____

☐ Check if this is an
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Blueprint rf 5555 Oakbrook Parkway Suite 140 Norcross, GA 30093 | | Invoice No. 20232471 | | | | \$2,369.78 |
| Carver Hotel Group 1945 The Exchange SE Suite 450 Atlanta, GA 30339 | | Invoice S0005758; 6/9/23 Invoice S0005965; 6/21/23 Invoice S006083; 6/23/23 | | | | \$2,593.06 |
| Christina Elias 9802 Romules Road Abbeville, LA 70510 | | | | | | \$1,074.88 |
| DC Elevator 709 Mile Point Way Lexington, KY 40510 | | Invoice 349878; 3/21/23 Invoice 349879; 3/21/23 Invoice 349880; 3/21/23 Invoice 355930; 3/21/23 | | | | \$1,451.41 |
| Duke Energy P.O. Box 1326 Charlotte, NC 28201-1326 | | Invoice 062023; 6/26/23 | | | | \$3,475.32 |
| Ecolab 26252 Network Place Chicago, IL 60673 | | Invoice 2119767; 2/14/23 | | | | \$990.00 |
| Environmental Laboratories Inc. P.O. Box 968 Madison, IN 47250 | | Multiple invoices | | | | \$1,735.50 |

Debtor **KNS Motel, Inc.**
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Freedom Pay Finance 800 South Harbour Island Blvd Tampa, FL 33602 | | Invoice 80364; 5/19/23 | | | | \$3,167.00 |
| Guest Supply P.O. Box 6771 Somerset, NJ 08875-6771 | | Invoice 15038013; 11/15/22 | | | | \$5,008.80 |
| HD Supply P.O. Box 509058 San Diego, CA 92150-9058 | | Multiple invoices | | | | \$6,305.88 |
| Indiana Department of Revenue Government Center North 100 North Senate Avenue Indianapolis, IN 46204-2253 | | | | | | \$1,838.80 |
| Indravadan Patel 4101 Herb Lewis Rd Apt. 1105 Jeffersonville, IN 47130 | | Mr. Patel has paid the company's credit card payments from his own personal funds. | | | | \$35,202.57 |
| Marriott International Inc. (USD) 10400 Fernwood Road Bethesda, MD 20817 | | Multiple invoices | | | | \$11,260.76 |
| Pepsi Cola 75 Remittance Drive Suite 1884 Chicago, IL 60675-1884 | | Invoice 08792664; 6/16/23 Invoice 35580361; 12/16/22 Invoice 85943609; 9/15/22 | | | | \$2,459.16 |
| Republic Services P.O. Box 9001009 Louisville, KY 40290 | | Multiple invoices | | | | \$1,093.86 |
| Schindler 7810 Solution Center Chicago, IL 60677 | | Invoice 8106108495 | | | | \$2,427.83 |
| Spectrum (Internet) P.O. Box 6030 Carol Stream, IL 60197 | | Multiple invoices | | | | \$3,750.97 |

Debtor **KNS Motel, Inc.**
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Spectrum (TV) P.O. Box 6030 Carol Stream, IL 60197 | | Invoice 0006038040923 | | | | \$1,120.17 |
| Sysco P.O. Box 32470 Louisville, KY 40232-2470 | | Invoice 391888458 | | | | \$3,744.00 |
| Team Travel Source 12910 Shelbyville Road Suite 215 Louisville, KY 40243 | | Invoice 26268; 8 Invoice 9744 | | | | \$9,019.66 |

Fill in this information to identify the case:

Debtor name **KNS Motel, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF INDIANA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum**
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

| | |
|-------------------------------------------------------------------------------------|------------------------|
| 1a. Real property: Copy line 88 from <i>Schedule A/B</i> | \$ 6,100,000.00 |
| 1b. Total personal property: Copy line 91A from <i>Schedule A/B</i> | \$ 93,078.48 |
| 1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> | \$ 6,193,078.48 |

Part 2: Summary of Liabilities

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ 4,900,000.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ 1,838.80 |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ 104,840.41 |
| 4. Total liabilities Lines 2 + 3a + 3b | \$ 5,006,679.21 |

Fill in this information to identify the case:Debtor name **KNS Motel, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF INDIANA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **JPMorgan Chase Bank****Chase Business Premier Savings****3625****\$1,101.04**3.2. **JPMorgan Chase Bank****Chase Performance Business Checking****6058****\$9,164.44****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$10,265.48**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Debtor **KNS Motel, Inc.**
Name

Case number (If known)

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| 39. | Office furniture | | | |
| 40. | Office fixtures | | | |
| | Whirlpool CEM2745FQ0 - S/N M82605983 | \$0.00 | | \$547.00 |
| | Whirlpool CAM2742TQ2 - S/N C03060290 | \$0.00 | | \$595.00 |
| | Maytag MAT12CSAAQ - S/N 26241032YF | \$0.00 | | \$585.00 |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software | | | |
| | Alliance DTB634 - S/N 0TCK0001008131 | \$0.00 | | \$8,206.00 |
| | Alliance DTB634 - S/N 0TCK0001008132 | \$0.00 | | \$8,206.00 |
| | Unimac UW100PVQU10001 - S/N M0200164928 | \$0.00 | | \$17,302.00 |
| | State SBD-71-120ONE 118 - S/N10011972 | \$0.00 | | \$8,788.00 |
| | Bradford White D100L1993N - S/N JD16489287 | \$0.00 | | \$2,624.00 |
| | Goodman ARUF36C14BB - S/N 1310244068 | \$0.00 | | \$924.00 |

| | | | |
|--------|----------------------------------------------------|------------------------|-------------------|
| Debtor | KNS Motel, Inc. | Case number (If known) | |
| | Name | | |
| | Goodman G8X14036KC - S/N 1806585272 | \$0.00 | \$2,193.00 |
| | Hoshizaki KM-515MWJ - S/N H00225B | \$0.00 | \$2,282.00 |
| | Hoshizaki KM-320MWH - S/N B02262G | \$0.00 | \$2,895.00 |
| | Dectron CVA-008H-5-MC - S/N B 2013090141 | \$0.00 | Unknown |
| | Avantco 178A23FHC - S/N 6301 1712 1807 0621 | \$0.00 | \$1,269.00 |
| | Avantco 178CFD1FF - S/N 6131 1702 1505 0204 | \$0.00 | \$1,349.00 |
| | Avantco 178CFD1RR - S/N 6396 1701 1501 0164 | \$0.00 | \$1,349.00 |
| | Victory VR-1 - S/N N0639708 | \$0.00 | \$1,199.00 |

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$60,313.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

| | General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| 47. | Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | | | |
| 47.1. | 2008 Nissan Pathfinder S - S/N 5N1AR18BX8C614744 | \$0.00 | | \$7,500.00 |
| 47.2. | 2018 Volvo XC90 T5 - S/N YV4102XK3J1323197 | \$0.00 | | \$15,000.00 |

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

Debtor **KNS Motel, Inc.**
Name

Case number (If known) _____

49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$22,500.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

55.1. **619 N. Shore Drive,
 Jeffersonville, IN
 47130
 Tax ID #
 10-19-00-100-983.000-
 010**

Nature and extent of debtor's interest in property**Fee simple****Net book value of debtor's interest (Where available)****\$0.00****Valuation method used for current value****Current value of debtor's interest****\$6,100,000.00**56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$6,100,000.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Debtor **KNS Motel, Inc.**
Name

Case number (If known) _____

Part 11: **All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **KNS Motel, Inc.**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | \$10,265.48 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$0.00 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$0.00 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$0.00 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$60,313.00 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$22,500.00 | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | \$6,100,000.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$0.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$0.00 | |
| 91. Total. Add lines 80 through 90 for each column | \$93,078.48 | + 91b. \$6,100,000.00 |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$6,193,078.48 |

Fill in this information to identify the case:Debtor name **KNS Motel, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF INDIANA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------|
| 2.1 | First Chatham Bank <small>Creditor's Name</small> Attn: SBA Servicing 111 Barnard Street, #3249 Savannah, GA 31401 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred March 3, 2022 Last 4 digits of account number 9104 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien 619 Shore Drive, Jeffersonville, IN 47130 Describe the lien First Mortgage Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,900,000.00 | \$6,100,000.00 |

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

| |
|-----------------------------------|
| \$4,900,000.00 0 |
|-----------------------------------|

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

| Name and address | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|
| U.S. Small Business Administration Indiana District Office 8500 Keystone Crossing, Suite 400 Indianapolis, IN 46240 | Line 2.1 | 9104 |

Debtor **KNS Motel, Inc.**

Name

Case number (if known)

United States Attorney

SBA Division

10 W. Market Street, Suite 2100

Indianapolis, IN 46204

Line **2.1**

Fill in this information to identify the case:

Debtor name **KNS Motel, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF INDIANA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | Total claim | Priority amount |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 2.1 | Priority creditor's name and mailing address Indiana Department of Revenue Government Center North 100 North Senate Avenue Indianapolis, IN 46204-2253 Date or dates debt was incurred 04/04/2023 - 40/20/2023 Last 4 digits of account number 5495;5810 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,838.80 \$0.00 |
| 2.2 | Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown Unknown |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

| Debtor KNS Motel, Inc. | | Case number (if known) _____ | |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name | | | |
| 3.1 | Nonpriority creditor's name and mailing address Blueprint rf 5555 Oakbrook Parkway Suite 140 Norcross, GA 30093 Date(s) debt was incurred <u>10/31/2022</u> Last 4 digits of account number <u>0000</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice No. 20232471</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,369.78 |
| 3.2 | Nonpriority creditor's name and mailing address Carver Hotel Group 1945 The Exchange SE Suite 450 Atlanta, GA 30339 Date(s) debt was incurred <u>6/9 - 23/2023</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice S0005758; 6/9/23</u> <u>Invoice S0005965; 6/21/23</u> <u>Invoice S006083; 6/23/23</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,593.06 |
| 3.3 | Nonpriority creditor's name and mailing address Centerpoint Energy P.O. Box 1423 Houston, TX 77251-1423 Date(s) debt was incurred <u>12/14/2022</u> Last 4 digits of account number <u>4122</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 12142022; 12/14/22</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$711.51 |
| 3.4 | Nonpriority creditor's name and mailing address Chase Bank P.O. Box 6294 Carol Stream, IL 60197 Date(s) debt was incurred <u>01/01/2023</u> Last 4 digits of account number <u>2022</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$315.00 |
| 3.5 | Nonpriority creditor's name and mailing address Christina Elias 9802 Romules Road Abbeville, LA 70510 Date(s) debt was incurred <u>07/19/2023</u> Last 4 digits of account number <u>23EX</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,074.88 |
| 3.6 | Nonpriority creditor's name and mailing address Cintas Corporation No. 2 4310 Metro Parkway Suite 300 Fort Myers, FL 33916 Date(s) debt was incurred <u>06/08/2022</u> Last 4 digits of account number <u>0743</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$464.00 |
| 3.7 | Nonpriority creditor's name and mailing address Dalmation 1651 Watterson Trail Louisville, KY 40299 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 18200666; 9/26/22</u> <u>Invoice 18276989; 12/23/22</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$880.00 |

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|--------|--------------------------------------|------------------------------|
| Debtor | KNS Motel, Inc. Name _____ | Case number (if known) _____ |
|--------|--------------------------------------|------------------------------|

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|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.8 | Nonpriority creditor's name and mailing address DC Elevator 709 Mile Point Way Lexington, KY 40510 Date(s) debt was incurred <u>3/31/2023 - 6/1/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,451.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 349878; 3/21/23</u> <u>Invoice 349879; 3/21/23</u> <u>Invoice 349880; 3/21/23</u> <u>Invoice 355930; 3/21/23</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.9 | Nonpriority creditor's name and mailing address Delta Lighting Products 2570 Metropolitan Drive Feasterville Trevose, PA 19053 Date(s) debt was incurred <u>05/04/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$112.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 709612; 5/4/23</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.10 | Nonpriority creditor's name and mailing address Duke Energy P.O. Box 1326 Charlotte, NC 28201-1326 Date(s) debt was incurred <u>06/26/223</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,475.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 062023; 6/26/23</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.11 | Nonpriority creditor's name and mailing address Ecolab 26252 Network Place Chicago, IL 60673 Date(s) debt was incurred <u>02/14/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$990.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 2119767; 2/14/23</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.12 | Nonpriority creditor's name and mailing address Employers Preferred Insurance P.O. Box 842110 Los Angeles, CA 90084-2110 Date(s) debt was incurred <u>06/07/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$321.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 0000000259; 6/7/23</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.13 | Nonpriority creditor's name and mailing address Environmental Laboratories Inc. P.O. Box 968 Madison, IN 47250 Date(s) debt was incurred <u>03/01/2022 - 06/22/2023</u> Last 4 digits of account number <u>numerous</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,735.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Multiple invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.14 | Nonpriority creditor's name and mailing address Freedom Pay Finance 800 South Harbour Island Blvd Tampa, FL 33602 Date(s) debt was incurred <u>05/19/2023</u> Last 4 digits of account number <u>0364</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,167.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 80364; 5/19/23</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|--------|--------------------------------------|------------------------------|
| Debtor | KNS Motel, Inc. Name _____ | Case number (if known) _____ |
|--------|--------------------------------------|------------------------------|

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|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.22 | Nonpriority creditor's name and mailing address Pepsi Cola 75 Remittance Drive Suite 1884 Chicago, IL 60675-1884 Date(s) debt was incurred <u>09/15/2022 - 06/16/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 08792664; 6/16/23</u> <u>Invoice 35580361; 12/16/22</u> <u>Invoice 85943609; 9/15/22</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,459.16 |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

| | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 3.23 | Nonpriority creditor's name and mailing address PLI Card Marketing Solutions P.O. Box 679814 Dallas, TX 75267-9814 Date(s) debt was incurred <u>10/26/2022</u> Last 4 digits of account number <u>2976</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 1422976; 10/26/22</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$193.51 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|

| | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.24 | Nonpriority creditor's name and mailing address Republic Services P.O. Box 9001009 Louisville, KY 40290 Date(s) debt was incurred <u>08/24/2022 - 06/25/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Multiple invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,093.86 |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

| | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 3.25 | Nonpriority creditor's name and mailing address Royal Cup P.O. Box 841000 TX 75824-1000 Date(s) debt was incurred <u>06/12/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 106783890</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$458.05 |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|

| | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.26 | Nonpriority creditor's name and mailing address Schindler 7810 Solution Center Chicago, IL 60677 Date(s) debt was incurred <u>12/01/2022</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 8106108495</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,427.83 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

| | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.27 | Nonpriority creditor's name and mailing address Spectrum (Internet) P.O. Box 6030 Carol Stream, IL 60197 Date(s) debt was incurred <u>06/26/2022 - 06/26/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Multiple invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,750.97 |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

| | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.28 | Nonpriority creditor's name and mailing address Spectrum (TV) P.O. Box 6030 Carol Stream, IL 60197 Date(s) debt was incurred <u>04/09/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 0006038040923</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,120.17 |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

| | | |
|--------|--------------------------------------|------------------------------|
| Debtor | KNS Motel, Inc. Name _____ | Case number (if known) _____ |
|--------|--------------------------------------|------------------------------|

| | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.29 | Nonpriority creditor's name and mailing address Spectrum (Voice) P.O. Box 6030 Carol Stream, IL 60197 Date(s) debt was incurred <u>12/13/2022 - 03/13/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Multiple invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$143.74 |
| 3.30 | Nonpriority creditor's name and mailing address Sysco P.O. Box 32470 Louisville, KY 40232-2470 Date(s) debt was incurred <u>07/12/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 391888458</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,744.00 |
| 3.31 | Nonpriority creditor's name and mailing address Team Travel Source 12910 Shelbyville Road Suite 215 Louisville, KY 40243 Date(s) debt was incurred <u>10/07/2022 - 04/17/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 26268; 8 Invoice 9744</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,019.66 |
| 3.32 | Nonpriority creditor's name and mailing address Transsecurity 973 CR 4990 Quitman, TX 75783 Date(s) debt was incurred <u>05/12/2023</u> Last 4 digits of account number <u>5428</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40.00 |
| 3.33 | Nonpriority creditor's name and mailing address Uniguest P.O. Box 306225 Nashville, TN 37230-6225 Date(s) debt was incurred <u>10/01/2022</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice CB1082566</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$781.45 |
| 3.34 | Nonpriority creditor's name and mailing address Veronica Williams 185 S.W. Arrowhead Terrace Lake City, FL 32024 Date(s) debt was incurred <u>06/01/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice 5202023</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$324.88 |
| 3.35 | Nonpriority creditor's name and mailing address World Cinema P.O. Box 733288 Dallas, TX 75373-3288 Date(s) debt was incurred <u>05/21/2023</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Invoice S1299693</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$688.55 |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **KNS Motel, Inc.**
Name

Case number (if known)

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?Last 4 digits of
account number, if
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

| Total of claim amounts | |
|------------------------|---------------|
| 5a. | \$ 1,838.80 |
| 5b. + | \$ 104,840.41 |
| 5c. | \$ 106,679.21 |

Fill in this information to identify the case:Debtor name **KNS Motel, Inc.**United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Management Agreement**State the term remaining **17 months**

List the contract number of any government contract _____

**CUSA, LLC
Attn: Deborah L. Cannon
1300 Ridenour Boulevard, Suite 200
Kennesaw, GA 30152**2.2. State what the contract or lease is for and the nature of the debtor's interest **Fairfield Inn & Suites by Marriott Relicensing Franchise Agreement**State the term remaining **11 years**

List the contract number of any government contract _____

**Marriott International, Inc.
10400 Fernwood Road
Bethesda, MD 20817**

Fill in this information to identify the case:Debtor name KNS Motel, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Bharti Patel****First Chatham Bank**☐ D _____
☐ E/F _____
☐ G _____2.2 **Indravadan Patel****First Chatham Bank**☐ D _____
☐ E/F _____
☐ G _____

Fill in this information to identify the case:Debtor name KNS Motel, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2023** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$960,899.63****For prior year:**From **1/01/2022** to **12/31/2022**☒ Operating a business☐ Other _____**\$1,448,852.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **KNS Motel, Inc.**

Case number (if known)

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|------------------------------------------------------|-------|-----------------------|---------------------------------|
|------------------------------------------------------|-------|-----------------------|---------------------------------|

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|-----------------------------------------|-----------------------|--------|
|-----------------------------|-----------------------------------------|-----------------------|--------|

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

| Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|---------------------------|----------------|------------------------------------|----------------|
|---------------------------|----------------|------------------------------------|----------------|

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☐ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|-------------------------------------------|-------------|-------|
|------------------------------|-------------------------------------------|-------------|-------|

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☐ None

Debtor **KNS Motel, Inc.**

Case number (if known)

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer?
Address

If not money, describe any property transferred

Dates

Total amount or value

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device

Describe any property transferred

Dates transfers were made

Total amount or value

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer?
Address

Description of property transferred or payments received or debts paid in exchange

Date transfer was made

Total amount or value

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

Debtor **KNS Motel, Inc.**

Case number (if known) _____

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|----------------------------------------|---------------------------------|-------------------------------|------------------------------------------------------|-----------------------------------------|
|----------------------------------------|---------------------------------|-------------------------------|------------------------------------------------------|-----------------------------------------|

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☐ None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Does debtor still have it? |
|-----------------------------------------|----------------------------------------------|-----------------------------|----------------------------|
|-----------------------------------------|----------------------------------------------|-----------------------------|----------------------------|

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---------------------------|-----------------------------------|-----------------------------|----------------------------|
|---------------------------|-----------------------------------|-----------------------------|----------------------------|

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a

Debtor **KNS Motel, Inc.**

Case number (if known) _____

similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

| Case title Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|-------------------------------------|--------------------|----------------|
|---------------------------|-------------------------------------|--------------------|----------------|

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

Part 13: Details About the Debtor's Business or Connections to Any Business25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

| Business name address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
|-----------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------|
|-----------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------|

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

| Name and address | Date of service From-To |
|------------------------------------------------------------------------------------------------------|----------------------------|
| 26a.1. Kaushik Patel, LLC 310 Passaic Ave., Bldg. A Suite 215 Fairfield, NJ 07004 | 2022 |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

| Name and address | If any books of account and records are unavailable, explain why |
|------------------|---------------------------------------------------------------------|
|------------------|---------------------------------------------------------------------|

Debtor **KNS Motel, Inc.**

Case number (if known) _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|-----------------|---------------------------------------------------------------|-------------------------------------|-----------------------|
| Indravdan Patel | 4101 Herb Lewis Road Apt. 1105 Jeffersonville, IN 47130 | President and Director | 51% |
| Name | Address | Position and nature of any interest | % of interest, if any |
| Bharti Patel | 4101 Herb Lewis Road Apt. 1105 Jeffersonville, IN 47130 | Vice President and Secretary | 49% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☐ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☐ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Debtor **KNS Motel, Inc.**

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 13, 2023**

/s/ Indravadan Patel
Signature of individual signing on behalf of the debtor

Indravadan Patel
Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of Indiana

In re **KNS Motel, Inc.**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|-------------------------------------------------------------|----|-------------------------|
| For legal services, I have agreed to accept | \$ | <u>15,000.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>15,000.00</u> |
| Balance Due | \$ | <u>0.00</u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to assign executory contracts and leases; preparation and filing of and applications as needed; general representation in chapter 11 case.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtor or its sole member in any adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 13, 2023

Date

/s/ Michael W. McClain

Michael W. McClain

Signature of Attorney

Goldberg Simpson LLC

9301 Dayflower Street

Prospect, KY 40059

(502) 589-4440 Fax: (502) 581-1344

mmccclain@goldbergsimpson.com;

sdaniel-harkins@goldbergsimpson.com

Name of law firm

**United States Bankruptcy Court
Southern District of Indiana**

In re **KNS Motel, Inc.**

Debtor(s)

Case No.
Chapter**11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|--------------------------------------------------------------------------------------------------------------|----------------|----------------------|-------------------|
| Bharti Patel 4101 Herb Lewis Road Apt. 1105 Jeffersonville, IN 47131 | | 49% | Fee Simple |
| Indravdan Patel 4101 Herb Lewis Road Apt. 1105 Jeffersonville, IN 47130 | | 51% | Fee simple |

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **September 13, 2023**Signature **/s/ Indravadan Patel**
Indravadan Patel

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Verification of Creditor List (rev 12/01/18)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA

In re:
KNS Motel, Inc.

Case No. _____

☐ Check if this form is submitted with an amended creditor list.

Debtor(s).)

VERIFICATION OF CREDITOR LIST

(I/We) declare under penalty of perjury that all entities included or to be included in Schedules D, E/F, G, and H are listed in the creditor list submitted with this verification. This includes all creditors, parties to leases and executory contracts, and codebtors.

(I/We) declare that the names and addresses of the listed entities are true and correct to the best of (my/our) knowledge.

(I/We) understand that (I/we) must file an amended creditor list and pay an amendment fee if there are entities listed on (my/our) schedules that are not included in the creditor list submitted with this verification.

Dated: **September 13, 2023**

/s/ Indravadan Patel

Indravadan Patel

Signature of Debtor

Signature of Joint Debtor

(Note: Certificate of Service not required.)

BLUEPRINT RF
5555 OAKBROOK PARKWAY
SUITE 140
NORCROSS, GA 30093

CARVER HOTEL GROUP
1945 THE EXCHANGE SE
SUITE 450
ATLANTA, GA 30339

CENTERPOINT ENERGY
P.O. BOX 1423
HOUSTON, TX 77251-1423

CHASE BANK
P.O. BOX 6294
CAROL STREAM, IL 60197

CHRISTINA ELIAS
9802 ROMULES ROAD
ABBEVILLE, LA 70510

CINTAS CORPORATION NO. 2
4310 METRO PARKWAY
SUITE 300
FORT MYERS, FL 33916

CUSA, LLC
ATTN: DEBORAH L. CANNON
1300 RIDENOUR BOULEVARD, SUITE 200
KENNESAW, GA 30152

DALMATION
1651 WATTERSON TRAIL
LOUISVILLE, KY 40299

DC ELEVATOR
709 MILE POINT WAY
LEXINGTON, KY 40510

DELTA LIGHTING PRODUCTS
2570 METROPOLITAN DRIVE
FEASTERVILLE TREVOSSE, PA 19053

DUKE ENERGY
P.O. BOX 1326
CHARLOTTE, NC 28201-1326

ECOLAB
26252 NETWORK PLACE
CHICAGO, IL 60673

EMPLOYERS PREFERRED INSURANCE
P.O. BOX 842110
LOS ANGELES, CA 90084-2110

ENVIRONMENTAL LABORATORIES INC.
P.O. BOX 968
MADISON, IN 47250

FIRST CHATHAM BANK
ATTN: SBA SERVICING
111 BARNARD STREET, #3249
SAVANNAH, GA 31401

FREEDOM PAY FINANCE
800 SOUTH HARBOUR ISLAND BLVD
TAMPA, FL 33602

GUEST SUPPLY
P.O. BOX 6771
SOMERSET, NJ 08875-6771

HD SUPPLY
P.O. BOX 509058
SAN DIEGO, CA 92150-9058

INDIANA AMERICAN WATER
P.O. BOX 6029
CAROL STREAM, IL 60197-6029

INDIANA DEPARTMENT OF REVENUE
GOVERNMENT CENTER NORTH
100 NORTH SENATE AVENUE
INDIANAPOLIS, IN 46204-2253

INDRAVADAN PATEL
4101 HERB LEWIS RD
APT. 1105
JEFFERSONVILLE, IN 47130

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATIONS
P.O. BOX 7346
PHILADELPHIA, PA 19101-7346

LEONARD BRUSH AND CHEMICAL
1450 MELLWOOD AVENUE
LOUISVILLE, KY 40206

MARRIOTT INTERNATIONAL INC. (USD)
10400 FERNWOOD ROAD
BETHESDA, MD 20817

MARRIOTT INTERNATIONAL, INC.
10400 FERNWOOD ROAD
BETHESDA, MD 20817

ORKIN
10805 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299-2215

PEPSI COLA
75 REMITTANCE DRIVE
SUITE 1884
CHICAGO, IL 60675-1884

PLI CARD MARKETING SOLUTIONS
P.O. BOX 679814
DALLAS, TX 75267-9814

REPUBLIC SERVICES
P.O. BOX 9001009
LOUISVILLE, KY 40290

ROYAL CUP
P.O. BOX 841000
TX 75824-1000

SCHINDLER
7810 SOLUTION CENTER
CHICAGO, IL 60677

SPECTRUM (INTERNET)
P.O. BOX 6030
CAROL STREAM, IL 60197

SPECTRUM (TV)
P.O. BOX 6030
CAROL STREAM, IL 60197

SPECTRUM (VOICE)
P.O. BOX 6030
CAROL STREAM, IL 60197

SYSCO
P.O. BOX 32470
LOUISVILLE, KY 40232-2470

TEAM TRAVEL SOURCE
12910 SHELBYVILLE ROAD
SUITE 215
LOUISVILLE, KY 40243

TRANSSECURITY
973 CR 4990
QUITMAN, TX 75783

U.S. SMALL BUSINESS ADMINISTRATION
INDIANA DISTRICT OFFICE
8500 KEYSTONE CROSSING, SUITE 400
INDIANAPOLIS, IN 46240

UNIGUEST
P.O. BOX 306225
NASHVILLE, TN 37230-6225

UNITED STATES ATTORNEY
SBA DIVISION
10 W. MARKET STREET, SUITE 2100
INDIANAPOLIS, IN 46204

VERONICA WILLIAMS
185 S.W. ARROWHEAD TERRACE
LAKE CITY, FL 32024

WORLD CINEMA
P.O. BOX 733288
DALLAS, TX 75373-3288

**United States Bankruptcy Court
Southern District of Indiana**

In re **KNS Motel, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **KNS Motel, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

September 13, 2023

Date

/s/ Michael W. McClain

Michael W. McClain

Signature of Attorney or Litigant

Counsel for **KNS Motel, Inc.**

Goldberg Simpson LLC

9301 Dayflower Street

Prospect, KY 40059

(502) 589-4440 Fax: (502) 581-1344

mmcclain@goldbergsimpson.com; sdaniel-harkins@goldbergsimpson.com